

# CONSENT BETWEEN EMPLOYER AND EMPLOYEE

STATE OF MAINE  
WORKERS' COMPENSATION BOARD  
STATION 27, AUGUSTA, MAINE 04333-0027

1. INSURER FILE NUMBER:	6. SOCIAL SECURITY NUMBER	7. WCB FILE NUMBER:		
2. EMPLOYER NAME:	8. EMPLOYEE LAST NAME:	9. FIRST NAME:	10. M.I.:	
3. EMPLOYER MAILING ADDRESS AND PHONE NUMBER:	11. ADDRESS-NUMBER AND STREET:			
4. INSURER NAME:	12. CITY:	13. STATE:	14. ZIP:	15. HOME PHONE:
5. INSURER MAILING ADDRESS:	16. DATE OF INJURY:	17. DESCRIPTION OF INJURY:		

18. TERMS OF CONSENT:			
18A. DATE OF INCAPACITY:	18B. AVERAGE WEEKLY WAGE:	18C. CURRENT WEEKLY COMPENSATION RATE: <input type="checkbox"/> TOTAL <input type="checkbox"/> PARTIAL	18D. DOES EMPLOYEE WORK FOR ANOTHER EMPLOYER? IF YES, GIVE NAME(S): <input type="checkbox"/> YES <input type="checkbox"/> NO
18E. NEW COMPENSATION RATE:	18F. EFFECTIVE DATE OF REDUCTION:	18G. EFFECTIVE DATE OF DISCONTINUANCE:	18H. AMOUNT PAID:

## NOTICE TO EMPLOYEE (Please read and initial)

19.  
BEFORE YOU SIGN THIS FORM, YOU SHALL CALL THE WORKERS' COMPENSATION BOARD'S OFFICES TO FIND OUT WHAT RIGHTS YOU HAVE IF YOU SIGN THIS FORM. A LIST OF THE BOARD'S REGIONAL OFFICES IS SHOWN AT THE BOTTOM OF THIS PAGE.

EMPLOYEE INITIALS: \_\_\_\_\_

## NOTICE TO EMPLOYER

THIS FORM SHALL NOT BE USED FOR CASES WHEN AN ORDER, AWARD OF COMPENSATION OR A COMPENSATION SCHEME WAS ENTERED UNDER SECTION 205 (9)(B)(2).

## CONSENT

20.  
WE AGREE TO THE TERMS LISTED IN BOX 18 ABOVE. WE UNDERSTAND THAT THIS IS NOT A FINAL SETTLEMENT. SIGNING THIS CONSENT FORM CREATES A PAYMENT WITHOUT PREJUDICE, DOES NOT CREATE A PAYMENT SCHEME, AND DOES NOT PREVENT EITHER PARTY FROM REOPENING THE CLAIM WITHIN CERTAIN TIME LIMITS. THIS FORM MUST BE SIGNED BY THE EMPLOYEE, EMPLOYEE'S ATTORNEY OR WORKER ADVOCATE IF ANY, AND THE EMPLOYER/INSURER OR BY A DULY AUTHORIZED REPRESENTATIVE.

_____ EMPLOYEE SIGNATURE	_____ DATE
_____ EMPLOYEE'S AUTHORIZED REPRESENTATIVE SIGNATURE (IF APPLICABLE)	_____ DATE
_____ EMPLOYER/INSURER OR AUTHORIZED REPRESENTATIVE SIGNATURE	_____ DATE

## ASSISTANCE IS AVAILABLE AT THE BOARD'S REGIONAL OFFICES:

**AUGUSTA**  
24 STONE ST, STE 2  
AUGUSTA, ME 04330-5220  
287-2308  
1-800-400-6854  
TTY (877) 832-5525

**BANGOR**  
106 HOGAN RD.  
BANGOR, ME 04401-5640  
941-4550  
1-800-400-6856

**CARIBOU**  
ONE VAUGHN PLACE  
43 HATCH DR, STE 110  
CARIBOU, ME 04736  
498-6428  
1-800-400-6855

**LEWISTON**  
36 MOLLISON WAY  
LEWISTON, ME 04240-5811  
753-7700  
1-800-400-6857

**PORTLAND**  
62 ELM ST  
PORTLAND, ME 04101-6858  
822-0840  
1-800-400-6858

21. PREPARER NAME AND TITLE (TYPE OR PRINT):	22. TELEPHONE NUMBER:	23. DATE MAILED:
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THE STATE OF MAINE DOES NOT DISCRIMINATE ON THE BASIS OF DISABILITY IN ADMISSION TO, ACCESS TO, OR OPERATION OF ITS PROGRAMS, SERVICES, OR ACTIVITIES. THIS FORM IS AVAILABLE IN ALTERNATIVE FORMAT. FOR FURTHER ASSISTANCE, CONTACT THE MAINE WORKERS' COMPENSATION BOARD, ADA COORDINATOR, TELEPHONE: 1-888-801-9087 OR TTY (877) 832-5525

WCB 4A (8/11)

Distribution: (1) Workers' Compensation Board, (2) Employee, (3) Insurer, (4) Employer